



State of North Carolina

DUPLICATION OF BENEFITS CERTIFICATION

The undersigned, on behalf of and as a duly authorized agent and representative of _____ (Applicant), certifies and represents that all information contained in and enclosed with the **North Carolina Community Development Block Grant (CDBG-DR)** application is true to the best of his or her knowledge and acknowledges that the **insert Name of Subrecipient (example City of Raleigh)** has relied on such information to award flood recovery funds.

The Applicant also certifies that s/he has disclosed to the **insert Subrecipient** in the application process, all FEMA, SBA, insurance proceeds, and other funds received, or to be received, from governmental and/or non-profit agencies as compensation for damages resulting from the declared disaster for which assistance may be provided by the **insert Subrecipient**.

The Applicant certifies that s/he will disclose to the **insert Subrecipient** all future FEMA, SBA, insurance proceeds or other funds received from governmental and/or non-profit agencies as compensation for damages resulting from the declared disaster for which assistance has been provided for three years from the date that assistance is awarded by the **insert Subrecipient**.

The Applicant acknowledges that s/he may be prosecuted by Federal, State, or local authorities and/or that repayment of all disaster recovery funds may be required in the event that the Applicant makes or files false, misleading, or incomplete statements and/or documents. The Applicant also agrees to repay any assistance later received for the same purpose as the CDBG-DR funds for three years after the receipt of the CDBG-DR funds awarded by **insert Subrecipient**.

Signature Date

Printed Name

Signature Date

Name Printed

